

REQUEST FOR QUOTATION (THIS IS NOT AN ORDER)		SET ASIDE <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT		TYPE: Small Businesses		PAGE 1		OF PAGES 3	
1. REQUEST NO. DTFASO-10-Q-00043		2. DATE ISSUED		3 REQUISITION/PURCHASE REQUEST NO. SO-10-01975		4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG.1		RATING	
5a. ISSUED BY Federal Aviation Administration						6. DELIVER BY (Date) →			
5B. FOR INFORMATION CALL (NO COLLECT CALLS)						7. DELIVERY OTHER X FOB DESTINATION <input type="checkbox"/> (SEE SCHEDULE)			
NAME Bertha Russell			TELEPHONE NUMBER			9. DESTINATION			
			AREA CODE 404	NUMBER 305-5724		a. NAME OF CONSIGNEE Federal Aviation Administration			
8. TO BE COMPLETED BY QUOTER:						b. STREET ADDRESS Airway Facility SSC 2515 Winchester Road			
a. NAME			b. COMPANY			c. CITY Memphis			
c. STREET ADDRESS						d. STATE TN			
d. CITY			e. STATE		f. ZIP CODE		e. ZIP CODE 38116-3834		
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE CLOSE OF BUSINESS (Date)			IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.						
11. SCHEDULE (Include applicable Federal, State and local taxes)									
ITEM NO. (a)	SUPPLIES/SERVICES (b)				QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	
SEE ATTACHED PAGE FOR REQUIREMENTS									
12. DISCOUNT FOR PROMPT PAYMENT OFFERED				a. 10 CALENDAR DAYS (%)		b. 20 CALENDAR DAYS (%)		c. 30 CALENDAR DAYS (%)	
				d. CALENDAR DAYS NUMBER		PERCENTAGE			
NOTE: Additional provisions and representations <input checked="" type="checkbox"/> are <input type="checkbox"/> are not attached.									
13. NAME AND ADDRESS OF QUOTER					14. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		15. DATE OF QUOTATION		
a. NAME OF QUOTER									
b. STREET ADDRESS					16. SIGNER				
c. COUNTY					a. NAME (Type or print)			b. TELEPHONE	
								AREA CODE	
d. CITY			e. STATE		f. ZIP CODE		c. TITLE (Type or print)		
							NUMBER		

Request for Quote DTFASO-10-Q-00043

Description	Part Number	Quantity	Unit Price	Amount
AdTran TA1500 19" chassis	1180019L1	37		
AdTran TA1500 19" PSU with RGU	1180007L3	74		
AdTran TA1500 Quad LIU	1180109L2	74		
AdTran TA1500 SCU	1180008L23	37		
AdTran E&M card	1180402L1	280		
AdTran R-POTS card	1180408L1	5		
AdTran C-POTS card	1180407L1	5		
Adtran DS0DP	1180203L4	24		
Adtran OCUDP	1180005L1	24		
AdTran FXO card	1175407L2	9		

Purchase Order Terms and Conditions

The enclosed document incorporates one or more of the following provisions or clauses by reference, with the same force and effect as if they were given in full text. Contractors may obtain the full text of provisions or clauses via the Internet (<http://www.faa.gov/search.htm>) or upon request, the Contracting Officer will make the full text available

3.2.5-1	Officials Not to Benefit	3.6.2-13	Affirmative Action for Handicapped Workers
3.2.5-3	Gratuities or Gifts	3.6.2-14	Employment Reports on Special Disabled Veterans and Veterans of Vietnam Era
3.2.5-4	Contingent Fees	3.6.2-27	Service Contract Act of 1965 as Amended-Contracts of \$2,500 or Less
3.2.5-5	Anti-Kickback Procedures	3.6.2-28	Service Contract Act of 1965, as Amended
3.2.5-8	Whistleblower Protection for Contractor Employees	3.6.2-30	Fair Labor Standards Act and Service Contract Act-Price Adjustment (Multiple Year and Option Contracts)
3.2.5-11	Drug Free Workplace	3.6.3-2	Clean Air and Clean Water
3.2.5-12	Notice of Employment of Former United States Government Employees (Service Contracts)	3.6.4-2	Buy American Act – Supplies
3.3.1-1	Payment	3/6/4-12	European Union Sanction for End Products
3.3.1-10	Availability of Funds		
3.3.1-15	Assignment of Claims	3.9.1-1	Contract Disputes
3.3.1-25	Mandatory Information for Electronic Funds Transfer	3.9.1-2	Protest After Award
	Payment - Central Contractor Registration		
3.4.1-10	Insurance – Work on a Government Installation	3.9.1-3	Protest
3.4.2-6	Taxes – Contracts Performed in U. S. Possessions or Puerto Rico	3.10.1-7	Bankruptcy
3.4.2-7	Federal, State, and Local Taxes – Fixed-Price, Noncompetitive Contract	3.10.1-9	Stop-Work Order
3.4.2-8	Federal, State, and Local Taxes – Fixed-Price Contract	3.10.1-11	Government Delay of Work
3.6.2-1	Contract Work Hours and Safety Standards Act-Overtime Compensation	3.10.1-12	Changes-Fixed-Price
3.6.2-2	Convict Labor	3.10.4-2	Inspection of Supplies – Fixed-Price
3.6.2-4	Walsh-Healey Public Contracts Act	3.10.4-4	Inspection of Services – Both Fixed-Price & Cost Reimbursement
3.6.2-9	Equal Opportunity	3.10.6-1	Termination for Convenience of the Government (Fixed-Price)
3.6.2-12	Affirmative Action for Special Disabled and Vietnam Era Veterans	3.10.6-4	Default (Fixed-Price Supply and Service)

If desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's Invoice. Instead of a separate Invoice, provided the following statement, (signed and dated) is on (or attached to) the order: "Payment is requested in the amount of \$_____. No other invoice will be submitted." However, if the Contractor wishes to submit an Invoice, the following information must be provided: contract number (if any), order number, item number(s), description of supplies or service, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the Invoice. Where shipping costs exceed \$10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.

RECEIVING REPORT

Quantity in the "Quantity Accepted" column on the face of this order has been: ☒ Inspected, ☐ accepted, ☐ received by me and conforms to contract. Items listed below have been rejected for the reasons indicated.

Shipment Number	Partial <input type="checkbox"/>	Date Received	Signature of Authorized Gov't. Rep.	Date
	Final <input type="checkbox"/>			
Total Containers	Gross Weight	Received at	Title	

REPORT OF REJECTIONS

[illegible]

04/2007

The versions of clauses in effect as of the date of issuance of the purchase order shall automatically apply.